

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

396-61-032122

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 396 STATE FILE NUMBER

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY Cape		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 7 wks	c. CITY OR TOWN Bloomfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) EVERETT E. GOOD			4. DATE OF DEATH Month Sept. Day 19, Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/19/61	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker & Insurance agt.	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Essex, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Arthur Good	13b. MOTHER'S MAIDEN NAME Isabella Mackline	14. NAME OF HUSBAND OR WIFE Dorothy Bea Good
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	17. INFORMANT Address Mrs. D. Bea Good, Bloomfield, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic Ht disease	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1958 , to 9-19-61 and last saw him alive on 9-19-61 Death occurred at 6:58 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Ridings MD	(Degree or title)	22b. ADDRESS Cape Girardeau, Mo	22c. DATE SIGNED 9/24/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 22-61	23c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.	23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
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24. FUNERAL DIRECTOR CHILES UND. CO, BLOOMFIELD, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-29-61	26. REGISTRAR'S SIGNATURE June Kasten
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

